



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Kyle E. Jones, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-18-0058-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

September 5, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Kyle Jones was the doctor selected by [the injured employee's] treating doctor, acting in place of the treating doctor, to determine if she has met MMI. This was also at the request of the carrier. CPT 99456-WP was billed to Texas Mutual for \$800 ... An appeal letter was then faxed by our office on 7/29/17, requesting payment of \$800 and explaining why the amount was charged - \$350 for 99456 referral exam with modifier -WP, \$150 for DRE (head injury), \$150 for additional body area (right knee), and \$150 for additional body area (PTSD/psych). A payment of \$650 was received on 8/22/17..."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided multiple impairments when determining MMI/IR at the request of the treating doctor. However, only one unit was billed. No additional payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 18, 2017	Examination to Determine Maximum Medical Improvement & Impairment Rating	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
 - 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
 - CAC-45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
 - 723 – Supplemental reimbursement allowed after a reconsideration of services.
 - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

Issues

1. Did Texas Mutual Insurance Company (Texas Mutual) maintain its denial of the disputed services?
2. Is Kyle E. Jones, M.D. entitled to additional reimbursement for the services in question?

Findings

1. Dr. Jones is seeking additional reimbursement of \$150.00 for an examination to determine maximum medical improvement and impairment rating performed on May 18, 2017.

On Explanation of Benefits dated November 28, 2016, Texas Mutual denied the disputed services with claim adjustment reason codes CAC-P16 – “CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION,” 225 – “THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED...,” and 892 – “DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.”

On Explanation of Benefits dated August 15, 2017, Texas Mutual made a partial payment of \$650.00 for the services in question. The division concludes that Texas Mutual did not maintain its denial of the disputed services. The division will review the services in accordance with applicable fee guidelines.

2. Per 28 Texas Administrative Code §134.250(3), “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that Dr. Jones performed an evaluation of maximum medical improvement. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 Texas Administrative Code §134.204(j)(4) states:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and,
 - (III) mental and behavioral disorders.

- (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
- (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that Dr. Jones performed impairment rating evaluations of head injury/concussion, headaches, tooth fracture, PTSD, and right knee.

Dr. Jones is seeking \$150.00 for additional body areas. However, per the submitted medical bill, Dr. Jones billed for one body area. 28 Texas Administrative Code §134.250(4)(A) states, in relevant part, "The number of body areas rated shall be indicated in the units column of the billing form." Therefore, because the musculoskeletal injury included performance of a full physical examination with range of motion, the total allowed for this service is \$300.00.

The total allowable amount for the disputed services is \$650.00. Texas Mutual reimbursed \$650.00. No additional reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	October 27, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.